



House of Representatives

General Assembly

File No. 223

January Session, 2009

Substitute House Bill No. 6443

House of Representatives, March 25, 2009

The Committee on Human Services reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING DIRECT BILLING FOR HOME CARE NURSING SERVICES PROVIDED TO MEDICAID RECIPIENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective July 1, 2009*) Notwithstanding any
2 provision of the general statutes or regulations of Connecticut state
3 agencies, the Department of Social Services shall allow a registered
4 nurse or licensed practical nurse to bill the state under chapter 319v of
5 the general statutes for services rendered to recipients of Medicaid, to
6 the extent permitted under federal law. Any such nurse hired by a
7 Medicaid recipient or a family member of a Medicaid recipient to
8 provide services to the Medicaid recipient shall obtain a Medicaid
9 provider number and shall furnish such number to the department
10 before providing such services to the Medicaid recipient.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2009</i>	New section
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HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect
Department of Social Services	GF – See below

Municipal Impact: None**Explanation**

This bill would allow registered nurses and licensed practical nurses to directly bill the Department of Social Services for services rendered to Medicaid clients. Currently, only advanced practice registered nurses are allowed to bill the state as independent providers.

The fiscal impact of this change is not certain. First, the bill does not specify what services the nurses may provide nor at what rates they would bill the state. Should the provisions of the bill increase access and therefore utilization of services, the state would incur increased costs. Also, as the rate at which these nurses bill may be either higher or lower than rates currently paid, either costs or savings may result.

It should be further noted that federal Medicaid regulations do not allow direct nurse billing for home health services. Therefore, should the state allow this practice, it is likely that the state would not receive the usual federal Medicaid reimbursement for these home health services.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: Public hearing testimony, OLR bill analysis

OLR Bill Analysis**sHB 6443*****AN ACT CONCERNING DIRECT BILLING FOR HOME CARE NURSING SERVICES PROVIDED TO MEDICAID RECIPIENTS.*****SUMMARY:**

This bill requires the Department of Social Services (DSS), to the extent permitted under federal law, to allow a registered nurse (RN) or licensed practical nurse (LPN) to directly bill the state for services provided to Medicaid recipients. It also requires any RN or LPN hired by a Medicaid recipient or his or her family member, to obtain a Medicaid provider number and submit it to DSS before providing services (see COMMENT).

EFFECTIVE DATE: July 1, 2009

BACKGROUND***Direct Medicaid Billing for Nursing Services***

Federal Medicaid regulations and the State Nurse Practice Act allow only advanced practice registered nurses (APRN) to provide direct primary health care (Federal regulations refer to them as “nurse practitioners.”). By law, RNs and LPNs must provide care under the direction of a licensed physician, dentist, or APRN (CGS § 20-87a, 42 CFR § 440.166).

Currently, under the state’s Medicaid plan, only APRNs can receive a Medicaid provider number and bill the state as independent providers. APRNs are reimbursed 90% of the rates on the physicians’ fee schedule for evaluation and management services. (The physicians’ fee schedule does not include home health services.)

Federal Medicaid regulations allow states the option of providing private duty nursing services by RNs or LPNs under the direction of a

physician. Services can be provided to Medicaid recipients in a nursing home, hospital, or the client's home. But, Connecticut opted not to include private duty nursing services as a covered service under its Medicaid state plan (42 CFR § 440.80).

COMMENT***Medicaid Home Health Services***

This bill would allow RNs and LPNs to directly bill the state for home health services provided to Medicaid recipients. But, federal Medicaid regulations only allow home health nursing services to be provided to Medicaid recipients if (1) they are ordered in writing by a physician and (2) they are provided on a part-time or intermittent basis by a licensed home health care agency (42 CFR § 440.70 (b)(1)). Consequently, if RNs and LPNs directly billed for these services, the state would not receive federal matching funds.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/10/2009)